

L150000 53312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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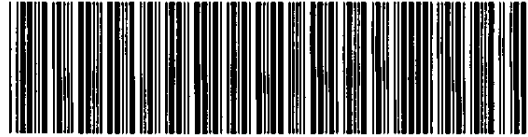
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 20 2014

C. CARROTHERS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPICE ROAD CUISINE, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AUGUSTINE J MOOTHEDAN  
Name of Person

SPICE ROAD CUISINE, LLC  
Firm/Company

19010 FISHERMANS BEND DRIVE  
Address

LUTZ, FL 33558  
City/State and Zip Code

augie.moothedan@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AUGGIE MOOTHEDAN at 813 618 2157  
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee    ☒ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: SPICE ROAD CUISINE, LLC

SECOND: The Florida Document number of the limited liability company is: L15000053312

THIRD: Document to be corrected is:

2015 Articles of Organizations

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE WORD 'CUISINE' WAS MISSPELLED IN

THE NAME OF COMPANY.

CORRECT NAME IS 'SPICE ROAD CUISINE, LLC'

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OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OR



The electronic transmission of the record was defective.

Signature of Authorized Representative

Date

3/31/15

Filing Fee:  
Certified Copy:

\$25.00

\$30.00 (optional)